INS. CASE OWNER: CC3 / LPC 1900 7899 / Kha3

LKK:
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 3/5/19 Date / Time : 3/5/19

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : SLA 2316D

Name of Insured : Ng Wai Yee

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 1/5/2019

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : 19/19/19/VPOC/021749

Policy No. :

Make / Model :

Place of Accident :

Nature of Accident :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHC 5952 J →

INSRS: Trans-Cab
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC5952J - CC3/LPC/7011/75/Kea392 ; DOA: 7/6/17
	- CC6/AKA/79/1004/Kha392 ; DOA: 20/5/17
	SLA 2316D - X
	- MINALLEGED
	- TP LOD IN
	- FILE REVIEWED. TP SUDDENLY CUT LANE TO AVOID UNKNOWN CAR WHEN HIT BEHIND BY OI.
	- PIR AGAINST TP.
18/09/19	- SEEK CASECTION APPROVAL
	- LPC APPROVED TO REBOOT.
	- LPC WILL BE THE ONE TO REBOOT CLAIM
	- SUBMIT WP REPORT
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:	/	
Release Voucher:		
Final Repair Bill:	/	
Car Rental Invoice:	/	
Towing Invoice		
LTA / GIA :	/	
Medical Bill:		
PIR: - AGAINST TP	/	
Mandate/Reject Instruction:	/	
LOD	/	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: 08/05/19 Sent By: 93

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 8,000.00 (8 days) Reduction: 82 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : PIR AGAINST TP
Repair Cost:	S$ –	
Loss of Rental (LOR):	S$ – (days)	
Loss of Use (LOU):	S$ – ($ x days)	LPC WILL REBOOT CLAIM
Loss of Income (LOI):	S$ – ($ x days)	NO SETTLEMENT
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ –	
Medical:	S$ –	
Disbursement:	S$ – (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ –	2) Report Format: WP REPORT
Total:	S$ – **Global Sum S$:**	3) Survey fee: $350.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ –	Name 1:	–
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–